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**Contract Award**(Please fill out one form for each Contract awarded.)

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<b>Date:</b>	
<b>To:</b>	Labor Standards Specialist
	Grants Management
	Indiana Department of Commerce
	One N. Capitol, Suite 600
	Indianapolis, IN 46204-2208
<b>From:</b>	
<b>Grantee:</b>	
<b>Grant Number:</b>	

**Project/Contractor Information**

<b>Bid Date:</b>	
<b>Applicable Wage Determination:</b>	
<b>Contract Award Date:</b>	
<b>Name of Contractor:</b>	
<b>Contractor Address:</b>	
<b>Contract Type of Work/Division:</b>	
<b>Contract Amount:</b>	\$
<b>Estimated Start of Construction Date:</b>	
<b>Estimated Completion of Construction Date:</b>	